

Immediate Change HOT LINE: Effective **November 7, 2016**

MEDICARE COVERAGE OF LABORATORY TESTING

Please remember when ordering laboratory tests that are billed to Medicare/Medicaid or other federally funded programs, the following requirements apply:

1. Only tests that are medically necessary for the diagnosis or treatment of the patient should be ordered. Medicare does not pay for screening tests except for certain specifically approved procedures and may not pay for non-FDA approved tests or those tests considered experimental.
2. If there is reason to believe that Medicare will not pay for a test, the patient should be informed. The patient should then sign an Advance Beneficiary Notice (ABN) to indicate that he or she is responsible for the cost of the test if Medicare denies payment.
3. The ordering physician must provide an ICD-10 diagnosis code or narrative description, if required by the fiscal intermediary or carrier.
4. Organ- or disease-related panels should be billed only when all components of the panel are medically necessary.
5. Both ARUP- and client-customized panels should be billed to Medicare only when every component of the customized panel is medically necessary.
6. Medicare National Limitation Amounts for CPT codes are available through the Centers for Medicare & Medicaid Services (CMS) or its intermediaries. Medicaid reimbursement will be equal to or less than the amount of Medicare reimbursement.

The CPT Code(s) for test(s) profiled in this bulletin are for informational purposes only. The codes reflect our interpretation of CPT coding requirements, based upon AMA guidelines published annually. CPT codes are provided only as guidance to assist you in billing. ARUP strongly recommends that clients reconfirm CPT code information with their local intermediary or carrier. CPT coding is the sole responsibility of the billing party.

The regulations described above are only guidelines. Additional procedures may be required by your fiscal intermediary or carrier.

New Test **2014043** **Amphetamines (D/L Differentiation), Urine** **AMP DLDIFF**

Methodology: Quantitative High Performance Liquid Chromatography/Tandem Mass Spectrometry
Performed: Varies
Reported: 4-11 days

Specimen Required: Collect: Urine.
Specimen Preparation: Transfer 2 mL urine to an ARUP Standard Transport Tube. (Min: 0.7 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Stability (collection to initiation of testing): Ambient: 1 month; Refrigerated: 5 months; Frozen: 1 month

Reference Interval: By report

CPT Code(s): 80324 (Alt code: G0480)

New York DOH Approved.

Delete **2008368** **Amphetamines (D/L Ratio), Urine** **DL RATIO**

HOT LINE NOTE: Delete this test and refer to Amphetamines (D/L Differentiation), Urine (2014043).

0092572 **Cutaneous Direct Immunofluorescence, Biopsy** **CUTDIF**

Required: Collect: Tissue: **skin, mucosa (oral, conjunctival, genital, esophageal), other epithelium (gastrointestinal, respiratory, urinary).**
Specimen Preparation: **Transport tissue** (optimal 4-6 mm) in Michel's **medium** (ARUP supply #45462) available online through eSupply using ARUP Connector call ARUP Client Services at (800) 522-2787. Also acceptable: Zeus tissue fixative.
Storage/Transport Temperature: Room temperature. **Also acceptable: Refrigerated.**
Unacceptable Conditions: Formalin-fixed tissue. **Solid organs or solid organ tissue.**

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0092254	Estronex Profile, Urine	ESTRONEX
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Specimen Required: Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: **5 days**

<i>Delete</i>	2002984	Oxygen Dissociation (P50) by Hemoximetry	HEMOX
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HOT LINE NOTE: Delete this test.

2013484	TP53 Somatic Mutation, Prognostic	P53 MUTAT
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HOT LINE NOTE: There is a clinically significant charting name change associated with this test.

Change the charting name of component 2013485 from P53 Mutation Analysis, Leumeta to **TP53 Somatic Mutation, Prognostic**

Change the charting name of component 2013486 from P53 Exon 4 Mutation Analysis to **TP53 Exon 4 Mutation**

Change the charting name of component 2013487 from P53 Exon 5 Mutation Analysis to **TP53 Exon 5 Mutation**

Change the charting name of component 2013488 from P53 Exon 6 Mutation Analysis to **TP53 Exon 6 Mutation**

Change the charting name of component 2013489 from P53 Exon 7 Mutation Analysis to **TP53 Exon 7 Mutation**

Change the charting name of component 2013490 from P53 Exon 8 Mutation Analysis to **TP53 Exon 8 Mutation**

Change the charting name of component 2013491 from P53 Exon 9 Mutation Analysis to **TP53 Exon 9 Mutation**

Change the charting name of component 2013492 from P53 Mutation Analysis, Interpretation to **TP53 Somatic Mutation, Interpretation**

<i>Delete</i>	2011072	<i>Tropheryma whipplei</i> Detection by PCR	TROPH WHIP
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HOT LINE NOTE: Delete this test and refer to *Tropheryma whipplei* PCR (2013290).